

Complete this form for WCCC if you are an individual provider not required to be licensed, or for TANF/SFA if you care for an unrelated child and you *do not* have court-ordered custody.

BACKGROUND INQUIRY APPLICATION

- ☐ WORKING CONNECTIONS CHILD CARE (WCCC)
☐ TANE/SFA FOR A CHILD LIVING WITH AN ADULT ACTING *IN LOCO PARENTIS* (AS A PARENT)

| SECTION 1. AGENCY INFORMATION (COMPLETED BY AGENCY STAFF ONLY) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--------------------------|---|---|--|------------|------------|--|-----|----|---|--------------------------|--------------------------|--|--|--|---|--------------------------|--------------------------|--|--|--|---|--------------------------|--------------------------|--|--|--|---|--------------------------|--------------------------|--|--|--|---|--------------------------|--------------------------|--|--|--|
| 1. REQUESTING COMMUNITY SERVICE OFFICE | | | 2. NAME OF DSHS STAFF REQUESTING BACKGROUND CHECK | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3. COMMUNITY SERVICE OFFICE (CSO) ADDRESS OR ADDRESS LABEL | | | 4. CSO MAIL STOP | 5. PARENT/GUARDIAN/ UNRELATED ADULT'S CLIENT ID NUMBER OR SOCIAL SECURITY NUMBER | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6. TELEPHONE NUMBER (INCLUDE AREA CODE) () | | | 7. FAX NUMBER (INCLUDE AREA CODE) () | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SECTION 2. ALL QUESTIONS IN THIS SECTION MUST BE COMPLETED BY THE PROVIDER (PERSON TO BE CHECKED) (PLEASE PRINT CLEARLY) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8. SOCIAL SECURITY NUMBER | 9. DATE OF BIRTH | 10. GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female | 11. RACE | 12. EYE COLOR | 13. HEIGHT | 14. WEIGHT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 15. LAST NAME FIRST NAME MIDDLE NAME (IF ANY) | | 16. NAME AS IT APPEARS ON YOUR BIRTH CERTIFICATE LAST FIRST MIDDLE NAME (IF ANY) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 17. LIST ANY ALIAS/MARRIED NAME(S). WRITE NONE IF NONE. | | | 18. NICK NAME(S)/OTHER NAMES(S). WRITE NONE IF NONE. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 19. CURRENT ADDRESS (STREET, CITY, AND ZIP CODE) | | | | 20. DRIVER'S LICENSE NUMBER (WRITE NONE IF NONE.) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"><thead><tr><th></th><th>YES</th><th>NO</th></tr></thead><tbody><tr><td>21. Have you been convicted or do you have charges pending for any crime?</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td colspan="3">If yes, give conviction or pending charge, date, and state.</td></tr><tr><td>22. Have you had a complaint filed against you for sexual abuse, physical abuse, or exploitation of any child or adult?</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td colspan="3">If yes, give name of agency, state, and details of complaint.</td></tr><tr><td>23. Have you been investigated for sexual abuse, physical abuse, or exploitation of any child or adult?</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td colspan="3">If yes, give name of agency, state, and details of complaint.</td></tr><tr><td>24. Have you been found to have sexually abused, exploited, or physically abused any child or adult?.....</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td colspan="3">If yes, give name of agency, state, and details of complaint.</td></tr><tr><td>25. Have you ever had your license to care for children or adults denied, revoked, or suspended?.....</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td colspan="3">If yes, give date, license type, licensing agency, and state.</td></tr></tbody></table> | | | | | | | | YES | NO | 21. Have you been convicted or do you have charges pending for any crime? | <input type="checkbox"/> | <input type="checkbox"/> | If yes, give conviction or pending charge, date, and state. | | | 22. Have you had a complaint filed against you for sexual abuse, physical abuse, or exploitation of any child or adult? | <input type="checkbox"/> | <input type="checkbox"/> | If yes, give name of agency, state, and details of complaint. | | | 23. Have you been investigated for sexual abuse, physical abuse, or exploitation of any child or adult? | <input type="checkbox"/> | <input type="checkbox"/> | If yes, give name of agency, state, and details of complaint. | | | 24. Have you been found to have sexually abused, exploited, or physically abused any child or adult?..... | <input type="checkbox"/> | <input type="checkbox"/> | If yes, give name of agency, state, and details of complaint. | | | 25. Have you ever had your license to care for children or adults denied, revoked, or suspended?..... | <input type="checkbox"/> | <input type="checkbox"/> | If yes, give date, license type, licensing agency, and state. | | |
| | YES | NO | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 21. Have you been convicted or do you have charges pending for any crime? | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 22. Have you had a complaint filed against you for sexual abuse, physical abuse, or exploitation of any child or adult? | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If yes, give name of agency, state, and details of complaint. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 25. Have you ever had your license to care for children or adults denied, revoked, or suspended?..... | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If yes, give date, license type, licensing agency, and state. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| By signing this form, I state that the information above is true and correct to the best of my knowledge. I understand that fraud or misrepresentation in my answers can serve as the basis for a finding of unsuitability. I understand that I am signing this under penalty of perjury. My signature below authorizes the Department of Social and Health Services (DSHS) to obtain conviction records from the Washington State Patrol and other sources. For child care only, I understand that the results of the background check will be released to the parent listed below. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I understand that I am responsible to immediately inform the person listed below if I am convicted of a crime: <ul style="list-style-type: none">• For child care, I must notify the parent of the child I provide care for.• For TANF/SFA, I must notify my DSHS worker. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 26. SIGNATURE OF PERSON TO HAVE BACKGROUND CHECK | | | | 27. DATE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SECTION 3. PARENT OR GUARDIAN MUST READ AND SIGN BELOW FOR WCCC (COMPLETE ALL INFORMATION) (PLEASE PRINT CLEARLY) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| It is my responsibility to determine the appropriateness of my chosen child care provider. When I choose a provider who does not need to be licensed, it is my responsibility to monitor the quality of child care provided. The State of Washington will not license or monitor my in-home/relative provider. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| The information DSHS will receive from the Washington State Patrol (WSP) may not be accurate or up-to-date, and it will only contain criminal history information that local law enforcement agencies have given to the WSP. I understand that I will receive the results of the criminal background check. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I agree to indemnify, release and hold the State of Washington, Department of Social and Health Services, harmless from any liability, claims, and/or damages to property or for personal injuries resulting from the acts or omissions of the in-home/relative provider selected by me. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| By signing this form, I understand that my provider will have a criminal background inquiry and may not qualify for child care payment. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I understand that my provider is to report any convictions or charges pending against him/her to me. It is my responsibility to immediately report this information to my authorizing worker. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| 28. PARENT/GUARDIAN'S SIGNATURE | 29. DATE | 30. PRINT PARENT/GUARDIAN'S NAME HERE |
| 31. CURRENT MAILING ADDRESS (STREET, CITY, AND ZIP CODE) | | |

Applicant: Return this form to the DSHS Community Services Office (CSO) at the address above.
WCCC Worker/Case Manager: Mail to Background Check Central Unit, Mail Stop: 45035, OR fax to (360) 902-0292